



**SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY  
(SPECIALIST)**



**SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY  
(SUPERVISOR)**

California  
Department of Corrections  
and Rehabilitation

**TRAINING AND EXPERIENCE ASSESSMENT**

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**Read instructions carefully**

This Training and Experience Assessment will provide you with an opportunity to demonstrate significant aspects of your qualifications for Senior Psychologist, Correctional Facility (Specialist) and Senior Psychologist, Correctional Facility (Supervisor) with the California Correctional Health Care Services and Department of Corrections and Rehabilitation (CDCR). The eligible list resulting from this examination process will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this Training and Experience Assessment that will allow you to select the location(s) and the time base(s) for which you are interested in working.

This Training and Experience Evaluation will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may delay the processing of your examination.

Candidate's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

**\*\*In order to expedite the hiring process phone numbers are required\*\***

Home/Cellular Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

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**Signature**

**Date**

**I certify that all the statements I have made in this application are true and correct.**

***FILING INSTRUCTIONS:***

Please submit your Training and Experience Assessment, along with a standard State Application Form, STD. 678 as follows:

**By mail:**

California Correctional Health Care Services  
Selection Services Section  
P.O. BOX 4038, Suite 350  
Sacramento, CA 95812-4038

**or**

**In person:**

California Correctional Health Care Services  
Selection Services Section  
501 J Street, Lobby Drop Box  
Sacramento, CA 95812

**SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SPECIALIST)  
SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SUPERVISOR)  
Training and Experience Assessment**

Name: \_\_\_\_\_

**MINIMUM QUALIFICATIONS**

Each candidate must meet the minimum qualifications as of the date his/her Training and Experience Assessment is received. If not, the candidate's application in the examination process will be rejected and his/her Training and Experience Assessment will not be scored. Please ensure that your State application (STD. Form 678) clearly indicates your education, experience and licensure information reflective of the minimum qualifications for this examination process as stated below:

**Senior Psychologist, CF Specialist:**

**License:** Possession of a valid license as a Psychologist issued by the California Board of Psychology and possession of an earned Doctorate Degree in Psychology from an educational institution meeting the criteria of Section 2914 of the Medical Board of California's Business and Professions Code.

Individuals who do not qualify for licensure by the California Board of Psychology or who are in the process of securing this license will be admitted into the examination and may be appointed, but must secure a valid license within three years of an appointment or the employment shall be terminated. For persons employed less than full time, an extension of a waiver of licensure may be granted for additional years proportional to the extent of part-time employment, as long as the person is employed without interruption in service, but in no case shall the waiver exceed five years.

(Unlicensed individuals who are recruited from outside the State of California and who qualify for licensure may take the examination and may be appointed for a maximum of two years at which time licensure shall have been obtained or the employment shall be terminated. Additionally, they must take the licensure examination at the earliest possible date after the date of employment.)

**Senior Psychologist, CF Supervisor:**

**License:** Possession of a valid license as a Psychologist issued by the California Board of Psychology and possession of an earned Doctorate Degree in Psychology from an educational institution meeting the criteria of Section 2914 of the Medical Board of California's Business and Professions Code.

Individuals who do not qualify for licensure by the California Board of Psychology or who are in the process of securing this license will be admitted into the examination however, applicants must first secure a license to practice as a psychologist in California before they will be eligible for appointment.

**and**

**Experience Required for both the Specialist and the Supervisor**

**Either**

1. One year of experience in the California state service performing the duties of a Psychologist – Clinical, Correctional Facility or Staff Psychologist (any specialty); **or**
2. Two years of postdoctoral, post internship experience in the practice of psychology involving assessment and treatment and either training, research, consultation or program-planning in mental health.

**SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SPECIALIST)  
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Training and Experience Assessment**

Name: \_\_\_\_\_

**1. Do you possess a Doctorate Degree in Psychology from an educational institution meeting the criteria of Section 2914 of the Medical Board of California Business and Professions Code?**

☐ YES

Indicate Educational Institution

	Name	City	State
<input type="checkbox"/> NO	_____		

**2. Do you possess a valid license as a Psychologist issued by the California Board of Psychology?**

☐ YES

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

☐ NO

**3. If you do not possess a valid license as a Psychologist issued by the California Board of Psychology, are you willing to secure the required license as stipulated in the minimum qualifications listed above?**

☐ YES

☐ NO (If you answer "No," your application will not be accepted for this examination.)

**Note to applicants who are not licensed: If not licensed, please submit your qualifying, official sealed transcripts to: California Correctional Health Care Services, P. O. Box 4038, Suite 350, Sacramento, CA 95812-4038, Attn: Senior Psychologist, CF (Specialist/Supervisor) Exam Analyst.**

**SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SPECIALIST)  
SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SUPERVISOR)  
Training and Experience Assessment**

Name: \_\_\_\_\_

**JOB REQUIREMENTS**

**The following are job requirements. Please indicate your willingness to comply with each job requirement listed.** *(Please note, if you are unwilling or unable to comply with any of the following job requirements, you will be eliminated from further consideration in the examination process.)*

1. Are you willing to work at correctional facilities and/or parole outpatient clinics in the Department of Corrections and Rehabilitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to treat inmates in a professional, ethical, and tactful manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to treat youthful offenders in a professional, ethical, and tactful manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to treat parolees in a professional, ethical, and tactful manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you willing to work among inmates including some who may be mentally ill, developmentally disabled, potentially dangerous, or sex offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you willing to work among youthful offenders including some who may be mentally ill, developmentally disabled, potentially dangerous, or sex offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you willing to work among parolees, including some who may be mentally ill, developmentally disabled, potentially dangerous, or sex offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you willing to work with inmates who may be infected with contagious diseases such as Hepatitis C, or HIV/AIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you willing to work with youthful offenders who may be infected with contagious diseases such as Hepatitis C, or HIV/AIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you willing to work with parolees who may be infected with contagious diseases such as Hepatitis C, or HIV/AIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you willing to abide by and adhere to institutional safety and security policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you willing to abide by and adhere to parole outpatient clinic safety and security policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are you willing to comply with tuberculosis screening requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are you willing to work around peace officers armed with chemical agents and/or weapons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are you willing to wear protective clothing and apparatus as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are you willing to abide by and adhere to the institutional/outpatient clinic dress code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are you willing to complete on-going education specific to licensure, and required in-service training (IST)/on-the-job training (OJT)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SPECIALIST)  
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**LICENSES/MEMBERSHIPS/QUALIFICATIONS**

**Please indicate if you possess any of the following licenses, memberships, and/or qualifications by marking the appropriate box(es):**

19. Valid license as a Psychologist in California or another State.	<input type="checkbox"/>
20. Medical Staff membership/hospital privileges	<input type="checkbox"/>
21. Qualified clinical supervision	<input type="checkbox"/>
22. APA approved internship or fellowship in a forensic setting	<input type="checkbox"/>
23. Diploma from the American Board of Professional Psychology and/or Forensic Psychology	<input type="checkbox"/>
24. Published articles in professional journals	<input type="checkbox"/>
25. Post graduate degree in another field	<input type="checkbox"/>
26. Teaching collegiate or graduate level courses in Psychology	<input type="checkbox"/>
27. Professional Organization Membership (e.g., American Psychological Association (APA), California Psychological Association, National Commission on Correctional Health Care, other State's Psychological Association Membership, etc.)	<input type="checkbox"/>

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WORK EXPERIENCE	FREQUENCY				LEVEL OF SKILL		
	Performed or supervised task within last 24 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
<b>Note to Applicant:</b> Please read instructions carefully. Under "Work Experience," for items #28-40:  <b>Frequency:</b> <ul style="list-style-type: none"> <li>Indicate if you have performed or supervised this task within the last 24 months; <u>and</u></li> <li>Even if you have <u>not</u> performed task in the last 24 months, indicate how often you had performed this task (e.g. select one box from "Weekly," "Monthly," and "Annually" columns.)</li> </ul> <b>Level of Skill:</b> <ul style="list-style-type: none"> <li>Indicate the level of skill that you have in performing this task (e.g., select one box from the "Level of Skill" column.)</li> </ul>							
28. Consult with medical and non-medical personnel (e.g., physical rehabilitation, education, nursing, custody, etc.) regarding program planning, implementation and evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Implement time-limited projects in area of expertise to enhance existing programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Perform program evaluation studies on new and/or existing programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Develop working relationships with other governmental agencies and/or entities (e.g., Department of Mental Health, County Mental Health Offices, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Provide educational and training seminars on clinical topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Train custodial and/or other non-mental health care staff on mental health issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Develop, implement and review policies and procedures to ensure proper standardization of mental health care and compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Maintain awareness of inmate and/or patients' activities and their environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Maintain safety of working areas and work materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Plan federally mandated mental health programs and other special programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Implement federally mandated mental health program and other special programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Assess/screen patients to determine their clinical needs, risk levels, level of care, or appropriate program placements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Prepare clinical assessments, progress reports and treatment recommendations on assigned patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SPECIALIST)  
SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SUPERVISOR)**  
Training and Experience Assessment

Name: \_\_\_\_\_

WORK EXPERIENCE, CONTINUES	FREQUENCY			LEVEL OF SKILL			
	Performed or supervised task within last 24 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
<b>Note to Applicant:</b> Please read instructions carefully. Under "Work Experience," for items #41-51.							
<b>Frequency:</b>							
<ul style="list-style-type: none"> <li>Indicate if you have performed or supervised this task within the last 24 months; <u>and</u></li> <li>Even if you have <u>not</u> performed task in the last 24 months, indicate how often you had performed this task (e.g. select one box from "Weekly," "Monthly," and "Annually" columns.)</li> </ul>							
<b>Level of Skill:</b>							
<ul style="list-style-type: none"> <li>Indicate the level of skill that you have in performing this task (e.g., select one box from the "Level of Skill" column.)</li> </ul>							
41. Conduct various forms of group and individual therapy, cognitive behavior therapy and other forms of behavior modification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Maintain professional standards concerning patient confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Document patient contacts by recording assessments, progress notes, treatment plans, chronos, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Consult with medical and mental health personnel regarding the findings of medical examinations and evidence of organic disturbances related to behavior disorders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Select, administer, score and interpret personality, intelligence and other psychological tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Perform crisis intervention with patients to manage psychological crises and determine the appropriate level of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Direct treatment of patients to reduce symptom severity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Produce psychological reports to provide information to specific agencies as required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Participate in quality management activities and committees, and/or peer review to identify clinical areas that need improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Conduct psycho-educational groups, pre-release groups and individual therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. On request, testify as an expert witness in court proceedings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SPECIALIST)  
SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SUPERVISOR)  
Training and Experience Assessment**

Name: \_\_\_\_\_

**THE FOLLOWING TWO AREAS ARE FOR SENIOR PSYCHOLOGIST, CF. (SUPERVISOR) CANDIDATES ONLY.**

If you are only applying for the Senior Psychologist (Specialist), CF examination, please proceed to the "Conditions of Employment and Recruitment Questionnaire" pages.

<b>SUPERVISORY/ADMINISTRATIVE EXPERIENCE</b>		FREQUENCY				LEVEL OF SKILL		
<b>Note to Applicant:</b> Please read instructions carefully. Under "Work Experience," for items #52-58:  <b>Frequency:</b> <ul style="list-style-type: none"> <li>Indicate if you have performed or supervised this task within the last 24 months; <u>and</u></li> <li>Even if you have <u>not</u> performed task in the last 24 months, indicate how often you had performed this task (e.g. select one box from "Weekly," "Monthly," and "Annually" columns.)</li> </ul> <b>Level of Skill:</b> <ul style="list-style-type: none"> <li>Indicate the level of skill that you have in performing this task (e.g., select one box from the "Level of Skill" column.)</li> </ul>		Performed or supervised task within last 24 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
52. Coordinate the work of a multidisciplinary treatment staff for a specific mental health program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
53. Supervise the clinical work of psychologists or other clinicians in areas such as program operation and evaluation, psychological assessments and/or outcome-based treatment modalities of inmate-patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54. Participate in supervisory meetings, and/or medical staff committees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
55. Participate in the recruitment, selection and hiring of mental health staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
56. Oversee the training and development of staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
57. Initiate and/or participate in the disciplinary process of mental health staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
58. Write corrective action plans, and/or administrative reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SPECIALIST)  
SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SUPERVISOR)  
Training and Experience Assessment**

Name: \_\_\_\_\_

**SUPERVISION OF VARIOUS DISCIPLINES EXPERIENCE**

Please check the box(es) that indicates the classification(s) you have functionally supervised after receiving your license.

- 59. ☐ Psychiatrist
- 60. ☐ Psychologist
- 61. ☐ Psychometrist
- 62. ☐ Social Workers
- 63. ☐ Marriage and Family Therapists
- 64. ☐ Substance Abuse Counselors
- 65. ☐ Recreational Therapists
- 66. ☐ Registered Nurses
- 67. ☐ Psychiatric Technicians
- 68. ☐ Interns/Practicum Students

**SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SPECIALIST)  
SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SUPERVISOR)  
Training and Experience Assessment**

Name: \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY**

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers and/or you do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

**TYPE OF APPOINTMENT YOU WILL ACCEPT**

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ **(D) Permanent Full-Time**      ☐ **(R) Permanent Part-Time**      ☐ **(K) Limited-Term Full-Time**      ☐ **(A) Any**

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

**NOTE:** California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ **(5) ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.**

☐ **7238 UPPER NORTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

<input type="checkbox"/> <b>0802 Pelican Bay State Prison</b> Crescent City, Del Norte County	<input type="checkbox"/> <b>1802 California Correctional Center</b> Susanville, Lassen County	<input type="checkbox"/> <b>1805 High Desert State Prison</b> Susanville, Lassen County
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☐ **7231 NORTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

<input type="checkbox"/> <b>0309 Mule Creek State Prison</b> Ione, Amador County	<input type="checkbox"/> <b>3417 Richard A. McGee Correctional Training Center,</b> Galt, Sacramento County
<input type="checkbox"/> <b>3423 CSP, Sacramento</b> Represa, Sacramento County	<input type="checkbox"/> <b>3901 Deuel Vocational Institution</b> Tracy, San Joaquin County
<input type="checkbox"/> <b>4804 California Medical Facility</b> Vacaville, Solano County	<input type="checkbox"/> <b>4811 CSP, Solano</b> Vacaville, Solano County
<input type="checkbox"/> <b>2102 CSP, San Quentin</b> San Quentin, Marin County	<input type="checkbox"/> <b>5505 Sierra Conservation Center</b> Jamestown, Tuolumne County
<input type="checkbox"/> <b>3400 Headquarters</b> Sacramento, Sacramento County	
<input type="checkbox"/> <b>3404 Folsom State Prison</b> Represa, Sacramento County	

**YOUTH FACILITIES:**

<input type="checkbox"/> <b>0307 Preston YCF</b> Ione, Amador County
<input type="checkbox"/> <b>3908 O.H. Close YCF</b> Stockton, San Joaquin County
<input type="checkbox"/> <b>3917 N.A. Chaderjian YCF</b> Stockton, San Joaquin County
<input type="checkbox"/> <b>3907 Northern California YCF</b> Stockton, San Joaquin County
<input type="checkbox"/> <b>0311 Pine Grove Youth</b> Pine Grove, Amador County

☐ **7232 CENTRAL REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

<input type="checkbox"/> <b>1015 Pleasant Valley State Prison</b> Coalinga, Fresno County	<input type="checkbox"/> <b>2003 Central California Women's Facility</b> Chowchilla, Madera County
<input type="checkbox"/> <b>1513 Wasco State Prison</b> Reception Center, Wasco, Kern County	<input type="checkbox"/> <b>2004 Valley State Prison for Women</b> Chowchilla, Madera County
<input type="checkbox"/> <b>1514 North Kern State Prison</b> Delano, Kern County	<input type="checkbox"/> <b>2701 Correctional Training Facility</b> Soledad, Monterey County
<input type="checkbox"/> <b>1522 Kern Valley State Prison</b> Delano, Kern County	<input type="checkbox"/> <b>2708 Salinas Valley State Prison</b> Soledad, Monterey County
<input type="checkbox"/> <b>1605 Avenal State Prison</b> Avenal, Kings County	<input type="checkbox"/> <b>4005 California Men's Colony</b> San Luis Obispo, San Luis Obispo County
<input type="checkbox"/> <b>1606 CSP, Corcoran</b> Corcoran, Kings County	<input type="checkbox"/> <b>1608 California Substance Abuse Treatment Facility,</b> Corcoran, Kings County

☐ **7233 SOUTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

<input type="checkbox"/> <b>1307 Calipatria State Prison</b> Calipatria, Imperial County (North)	<input type="checkbox"/> <b>3313 Chuckawalla Valley State Prison</b> Blythe, Riverside County
<input type="checkbox"/> <b>1308 Centinela State Prison</b> Imperial, Imperial County (South)	<input type="checkbox"/> <b>3329 Ironwood State Prison</b> Blythe, Riverside County
<input type="checkbox"/> <b>1503 California Correctional Institution</b> Tehachapi, Kern County	<input type="checkbox"/> <b>3612 California Institution for Men</b> Chino, San Bernardino County
<input type="checkbox"/> <b>1995 CSP, Los Angeles</b> Lancaster, Los Angeles County	<input type="checkbox"/> <b>3613 California Institution for Women</b> Corona, San Bernardino County
<input type="checkbox"/> <b>3310 California Rehabilitation Center</b> Norco, Riverside County	<input type="checkbox"/> <b>3715 R. J. Donovan Correctional Facility</b> at Rock Mountain San Diego, San Diego County

**YOUTH FACILITIES:**

<input type="checkbox"/> <b>1967 Southern Youth Correctional Reception Center &amp; Clinic</b> Norwalk, Los Angeles County
<input type="checkbox"/> <b>5610 Ventura YCF</b> Camarillo, Ventura County

Please notify CDCR promptly of any address changes or availability for employment at the following address: CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center.

**SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SPECIALIST)  
SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SUPERVISOR)  
Training and Experience Assessment**

Name: \_\_\_\_\_

**RECRUITMENT QUESTIONNAIRE**

These questions are not part of the examination but are for the hiring authority's information.

Check the box that best describes how you found out about the Senior Psychologist (Specialist) and/or Supervisor, Correctional Facility Examination?

**1. How did you hear about the position?**

- ☐ College Recruitment
- ☐ CDCR Employee/Relative
- ☐ CDCR Website
- ☐ CCHCS Website
- ☐ Job Fair/Career Event (California)
- ☐ Job Fair/Career Event (Out-side California)
- ☐ Advertisement in Magazine/Journal
- ☐ Mailer
- ☐ Newspaper
- ☐ Internet Search (Career Builder, Google, AOL, etc.)
- ☐ State Personnel Board (SPB)

**2. What was your reason for selecting CDCR as your place of employment?**

- ☐ Competitive Salary
- ☐ Benefits
- ☐ Retirement
- ☐ Career Challenge
- ☐ Gain Experience in a Correctional Setting
- ☐ Flexible Shifts
- ☐ Opportunity
- ☐ All of the above